

**Form. B**

For consideration of:  
Director, Central Institute for Cataloguing and Documentation  
Via di San Michele 18  
00153 Rome, ITALY

**REQUEST FOR AUTHORIZATION OF REPRODUCTION AND USE OF IMAGES**

The undersigned.....  
City, state/province, nation.....  
Address .....

Telephone..... Fax.....  
e-mail.....  
Tax code (residents of Italy only).....  
Value Added Tax number (Italian residents/corporations only).....

**Requests reproduction of the following images for the following use(s)**

**Publication** [ ]      **Exhibit** [ ]      **Commercial** [ ]      **Professional** [ ]      **Other** [ ]  
(indicate which apply)

Request the images in the form of:  
High resolution digital file [ ]      Print on photographic paper [ ]

1. ....
2. ....
3. ....
4. ....

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**If copies of the images are already held by the individual or company, indicate here** [ ]

**DETAILS OF THE REQUEST FOR USE**  
**PURPOSE, TYPE OF USE AND PLACEMENT OF IMAGES I**  
(complete relevant sections)

**Publication**

Publication author.....  
Title.....  
Publication date, publisher, publisher location .....  
Number of copies printed.....Sale price per copy.....  
Will images be produced on the cover? [yes ] [no ]  
Number of photographs to be used on cover.....

**Exhibit**

Organisation responsible (exhibit organiser, event coordinator, etc.).....  
.....  
Exhibit/event title.....  
Dates, location(s).....  
Will admission be charged?.....[yes].....[no]  
Will a catalogue be published.....[yes].....[no]  
If yes, number of copies.....Sale price per copy.....

Summary of the publication or exhibit/event:

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**Commercial uses**

Reproduction on object for sale (specify):

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Riproduzioni su oggetti destinati alla fruizione pubblica (specify):

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**Professional use:**

Documentation requested by architects, engineers and related professionals for practices of involving planning, building permits, declarations of construction activity, etc. (specify):

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**Other** (specify, use of images on Internet, television, in cinema, for advertising, etc.)

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The undersigned accepts and undertakes:

- To use the reproductions exclusively for the specific purpose(s) here declared;
- To provide the ICCD with two copies of any publication or exhibit catalogue containing the image(s) requested, at no charge to the ICCD;
- To indicate, in captions or notes to every image, a detailed identification of the ICCD as source (for example ICCD/collection .../catalogue number....) and to indicate, in the publication credits, the specific wording: "Reproduction(s) authorised by the Italian Ministry of Cultural Heritage and Activities, Central Institute for Cataloguing and Documentation";
- To provide a specific warning that reproduction and re-use of images by any means is forbidden;
- To submit a copy to the ICCD for approval prior to the circulation of any product containing or showing a reproduction,
- On their own initiative and with their own means, to obtain any and all necessary permissions concerning authors' rights and to submit copies of all such permissions obtained to the ICCD.

False declarations are subject to sanction under Article 495 of the Italian Penal Code.

*Date, city and nation of signature*  
*Mailing/e-mail addresses:*

*Signature*

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**Law on protection of privacy**

Service will not be provided for requests that lack any of the information requested.

Under Article 10, Decree DL 196/2003, personal information will be used exclusively for carrying out the services requested and for internal statistical purposes at the Central Institute for Cataloguing and Documentation (ICCD).

The Director, ICCD, is responsible for management of all personal information provided.

The undersigned .....

Authorises the use of personal information, as indicated.

*Date, city and nation of signature*  
(Failure to sign will prevent provision of the services requested.)

*Signature*

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Reserved for ICCD use:

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REQUEST RECEIVED FORM:

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Decision on behalf of ICCD Service:

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Amount due, per Fees for reproduction (Attachment 1):

€.....

Rome,

(for ICCD Service)

Documentation of payment received (date).....

Request forwarded to Photographic Laboratori (date).....

(for Account payments office)

Material provided by Photographic Laboratori (date).....

(for Photographic Laboratory)

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Confirmation of receipt of images requested

NAME:.....

Date, city and nation

Signature